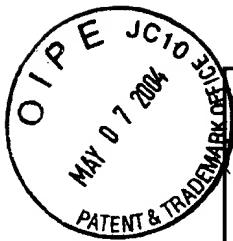


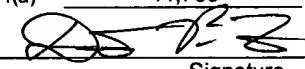
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) ASZD-P01-429																	
<table border="1"> <tr> <td colspan="4">In re Application of Schnell et al.</td> </tr> <tr> <td colspan="2">Application Number 09/831290</td> <td colspan="2">Filed May 8, 2001</td> </tr> <tr> <td colspan="4">For: METHOD FOR IDENTIFYING INHIBITORS OF IPC SYNTHASE</td> </tr> <tr> <td colspan="2">Art Unit 1636</td> <td colspan="2">Examiner D. M. Sullivan</td> </tr> </table>				In re Application of Schnell et al.				Application Number 09/831290		Filed May 8, 2001		For: METHOD FOR IDENTIFYING INHIBITORS OF IPC SYNTHASE				Art Unit 1636		Examiner D. M. Sullivan	
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For: METHOD FOR IDENTIFYING INHIBITORS OF IPC SYNTHASE																			
Art Unit 1636		Examiner D. M. Sullivan																	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

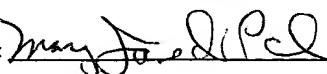
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945	
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 44,735		
May 5, 2004		
Date		Signature
(617) 951-7615		David P. Halstead, Ph.D.
Telephone Number		Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/>	Total of 1 forms are submitted.
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 5, 2004

Signature:  (Mary Jane DiPalma)

05/10/2004 WABDEL11 00000136 181945 09831290
02 FC:1252 420.00 DA